



Cambridge Dental Hub



Love Your Smile

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Dr David Gilmartin, Dental Surgeon

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Dr Konstantinos Tzamalass, Specialist Orthodontist

Dr Casey Prawairadiraja, Dental Surgeon

Dr Jonathan Dixon, Dental Surgeon

Dr Alvaro De Castro Torres, Dental Surgeon

Dr Monica Cueva Moya, Dental Surgeon

Dr Etienne Deysel, Sedationist

Mrs. Nur Gilmartin, Dental Hygienist

Miss Sam Singleton, Practice Manager

Informed Consent for Abrasion and Other Dentine Cavity Restorations

Regardless of which material is utilized, the teeth treated may remain sensitive or even possibly more painful after placement of a restoration. If the pain is severe or extreme sensitivity persists then please call us.

Risks include possible unsuccessful results and/or failure.

Necessity for Root Canal Therapy or extraction: When Dentine covering restorations are placed or replaced, the preparation of the teeth often necessitates the removal of tooth structure adequate to insure that the diseased or otherwise compromised tooth structure provides sound tooth structure for placement of the Dentine covering restorations. At times, this may lead to exposure or trauma to underlying pulp tissue. Should the pulp not heal, which often is exhibited by extreme sensitivity or possible abscess, root canal treatment or extraction may be required. **In the case where Root canal or extraction is required then extra charges will apply.**

Injury to the Nerves: In any type of dental work, there is a possibility of injury to the nerves of the lips, jaws, teeth, tongue, or other oral or facial tissues from any dental treatment, particularly those involving the administration of local anesthetics. The resulting numbness which could occur is usually temporary, but in rare instances could be permanent.

Breakage, dislodgment or bond failure: Due to extreme chewing pressures or other traumatic forces, it is possible for Dentine covering restorations to be dislodged or fractured resulting in leakage and recurrent decay. If this happens or there is pain or sensitivity then please call us.

Longevity of Dentine covering restorations: They should be considered temporary and it is not unusual for them to fail quite quickly. Because of this, no guarantees can be made or assumed to be made concerning how long they will last.

Possible complications of treatment include, but are not limited to the following:

- Procedural difficulties in the course of treatment.
- Swelling, soreness, infection, trismus, paresthesia, or discoloration of the adjacent soft or hard tissues.
- Fractures of the crown or root of the tooth or restoration.
- Complications following local aesthetic injection: hematoma, paresthesia, allergy, increased heart rate, etc
- Additional unknown or unspecified problems, the explanation for and the responsibility of cannot be given or assumed.

I certify that I have read fully and understand the above authorization and informed consent.

PATIENT CONSENT: by my signature below, I expressly acknowledge that:

The dentist has explained the options and risks of the proposed treatment. I understand the risks of the procedure, including the risks that are specific to me, and the likely outcomes. The dentist has explained other relevant treatment options and their associated risks. The dentist has explained my prognosis and the risks of waiting or not having the procedure

The dentist has explained the options for anaesthesia (local, sedation, general) and problems specific to each choice, and the likely outcomes if complications occur.

I was able to ask questions and raise concerns with the dentist about my condition, the procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my complete satisfaction.

I understand that other dental procedures may be done if further dental disease is found during the procedure.

I understand that no guarantee has been made that the procedure will improve the condition, and may even make my condition worse.

On the basis of the above statements, **I REQUEST TO HAVE THE PROCEDURE LISTED HEREIN (DENTINE COVERING RESTORATION)**

I realise that signing this does not oblige me to have all or any part of the treatment proposed, but is simply an acknowledgement of the fact that I am giving my informed consent if I decide to go ahead.

Name of Patient : _____ Signature : _____ Date : ____/____/____